

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

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VETBOARD.AZ.GOV

**INVESTIGATIVE DIVISION REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** Investigative Division

**RE:** Case: 21-146

Complainant(s): Arizona State Veterinary Medical Examining Board

Respondent(s): John Oplinger, DVM (License: 1192)

**SUMMARY:**

Complaint Received at Board Office: 5/19/21

Board Discussion: 7/21/21

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised  
September 2013 (Yellow).

On May 19, 2021, the Arizona State Veterinary Medical Examining Board voted to open an investigation after reviewing Respondent's premises inspection results.

Since 2003, Respondent has had four premises inspections where the same, or similar, violations have been found. After each inspection, Respondent reported that he had corrected the issues noted on the inspections.

**PROPOSED 'FINDINGS of FACT':**

1. At the May 19, 2021 Arizona Veterinary Medical Examining Board meeting, the Board voted to open an investigation based on four (4) inspections being conducted since 2003 and the same, or similar, potential violations were found. After each inspection, Respondent reported that he had corrected the potential violations.
2. On June 4, 2021, Respondent was sent a Letter of Inquiry with respect to the same potential violations being found on numerous premises inspections.
3. On June 14, 2021, Respondent responded to the investigation. His answers to the inquiries are in red text below the potential violation:

- a. *R3-11-502 (D) Expired supplies – same violation found at the premises inspection conducted on 4/7/03 and 11/23/09.*

This is not a violation since the supplies were not being used.

- b. *R3-11-502 (E) Need consistency documenting in the medical record that aftercare instructions were given to the pet owner – same violation found at the premises inspection on 7/20/16.*

This is a redundancy of efforts to provide clients with instructions. Since your inspection on 7/20/16, we have initiated consistent print outs of instructions, but due to redundancy it has been difficult to change my habits. You should be impressed on our improvement.

- c. *R3-11-502 (H) (2) Need to record in the medical record results of exam and general condition of an animal within 6 hours of surgery or anesthesia being administered - same violation found at the premises inspection conducted on 11/23/09 and 7/20/16.*

An exam is done on every anesthesia case. A diagnosis has not been written because there is no diagnosis by my definition. This issue is vague, your most recent inspector suggested I write "exam good for procedure\*", "which I have incorporated in the records. Again, redundancy is difficult to overcome.

\*Inspector denies making suggestions as noted by Respondent.

- d. *R3-11-502 (H) (3) Need to record the animal's heart rate and respiration rate in the medical record immediately after anesthesia is administered and monitored and recorded at least every 15 minutes thereafter - same violation found at the premises inspection conducted on 11/23/09 and 7/20/16.*

Anesthetic patients are properly monitored as always, because of minimal staffing in the past, it sometimes is not always possible to have written notes available. The important issue is that all patients receive proper care.

- e. *R3-11-502 (K) (2) No controlled substance inventory log – same violation found at the premises inspection conducted on 4/7/03, 11/23/09, and 7/20/16.*

These two violations are similar. The previous violations stem from relying on the computer for much of the recording, which I understand you do not accept. \* The recording of controlled substances was done on one form for both inventory and dispensing as instructed by DEA seminars. I was not aware, until the last inspector showed me the two-part forms separating inventory from dispensing which I immediately started. This system makes me a distributor by definition which I did not realize I had a license for.

Also, all drugs were logged in and out, unlike your inspector indicated. The discrepancy lies in the fact that drugs were dispensed to the clinic for making up anesthetic mixes. These mixes were then logged into the anesthetic log. Granted, this was not specific but convenient. In summary, there is not a known correlation between the two inspections on these two accounts, changes were made but the new procedures still did not satisfy you, changes have been made to satisfy your interpretation.

\*This statement is not accurate.

- f. *R3-11-502 (K) (3) Controlled substance dispensing logs not properly maintained and had many missing items – same violation was found on 11/23/09.*

See response to letter e.

- g. *R3-11-502 (L) (4) Need consistency recording exam results, including TPR and general condition of animals at each visit veterinary services are provided - same violation found at the premises inspection conducted on 4/7/03, 11/23/09, and 7/20/16.*

These two issues have been addressed, but again. They are in regards to vaccination exams and presurgical exams. The violations are vague but your last inspector helped improve the matter by stating I simply need to insert phrases such as "good body condition," "exam good for vaccination," "exam good for procedure," and so on. \* Again, I have changed even though I do not understand how that improves the quality of care.

\*Inspector denies making suggestions as noted by Respondent.

- h. *R3-11-502 (L) (5) Need the tentative or definitive diagnosis of the animal documented in the medical record – same violation found at the premises inspection on 7/20/16.*

See response to letter g.

- i. *R3-11-502 (L) (7) Need consistency recording in the medical record the concentration and amount of medications administered to animals - same violation found at the premises inspection on 7/20/16.*

This issue relates to and only to anesthetic mixes. The problem was corrected after the previous inspection by updating our abbreviation table. The past inspector was regretfully not given the updated table.

- j. R3-11-805 (A) *Controlled substances need to be stored under lock and key except for controlled substances that are authorized by the responsible veterinarian to be administered by personnel - same violation found at the premises inspection on 7/20/16.*

Same violation as 7/20/16, but different circumstances. Previous violation was lack of a lock on anesthetics in use stored in a drawer. Lock was installed. New violation was a prescription that was filled and was stored in a "to go box." The prescription was in this position for less than 12 minutes, nevertheless, a violation.

- k. R3-11-805 (B) *Prescription only drugs were stored in an area that is accessible to the public - same violation found at the premises inspection on 7/20/16.*

As stated in the past, this is not a violation according to my definition of accessibility.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

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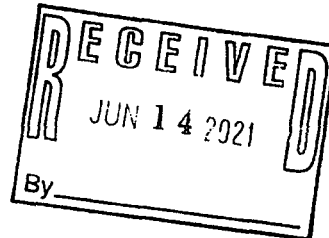
Tracy A. Riendeau, CVT  
Investigative Division

Wickenburg Veterinary Clinic  
1127 W. Wickenburg Way  
Wickenburg, AZ 85390  
June 13, 2021

Arizona State Veterinary Medical Examining Board  
1740 W. Adams St., Suite 4600  
Phoenix, AZ 85007

Re: 21-146

Dear Board:



The following is my position on previous allegations of non-compliance at Wickenburg Veterinary Clinic.

R3-11-502(D) Expired supplies. This is not a violation since the supplies were not being used.

R3-11-502(E) Documenting instructions. This is a redundancy of effort to provide clients with instructions. Since your inspection on 7-20-16 we have initiated consistent print outs of instructions, but due to redundancy it has been difficult to change my habits. You should be impressed on our improvement.

R3-11-502(H)(2) An exam is done on every anesthesia case. A diagnosis has not been written because there is no diagnosis by my definition. This issue is vague, your most recent inspector suggested I write "exam good for procedure", which I have incorporated in the records. Again, redundancy is difficult to overcome.

R3-11-502(H)(3) Anesthetic patients are properly monitored as always, because of minimal staffing in the past, it sometimes is not always possible to have written notes available. The important issue is that all patients receive proper care.

R3-11-502(K)(2 and 3) These two violations are similar. The previous violations stem from relying on the computer for much of the recording, which I understand you do not accept. The recording of controlled substances was done on one form for both inventory and dispensing as instructed by DEA seminars. I was not aware, until the last inspector showed me the two-part forms separating inventory from dispensing which I immediately started. This system makes me a distributor by definition which I did not realize I had a license for.

Also, all drugs were logged in and out, unlike your inspector indicated. The discrepancy lies in the fact that drugs were dispensed to the clinic for making up anesthetic mixes. These mixes were then logged into the anesthetic log. Granted, this was not as specific but convenient. In summary there is not a correlation between the two inspections on these two accounts, changes were made but the new procedures still did not satisfy you, changes have been made to satisfy your interpretation.

R3-11-502(L)(4 and 5) These two issues have been addressed, but again. They are in regards to vaccination exams and presurgical exams. The violations are vague but your last inspector helped improve the matter by stating I simply need to insert phrases such as "good body condition" "exam

good for vaccination" " exam good for procedure" and so on. Again< I have changed even though I do not understand how that improves the quality of care.

R3-11-502(L)(7) This issue relates to and only to anesthetic mixes. The problem was corrected after the previous inspection by updating our abbreviation table. The past inspector was regrettably not given the updated table.

R3-11-805(A) Same violation as 7-20-16 but different circumstances. Previous violation was lack of a lock on anesthetics in use stored in a drawer. Lock was installed. New violation was a prescription that was filled and was stored in a "to go box". The prescription was in this position for less than 12 minutes, nevertheless a violation.

R3-11-805(B) As stated in the past, this is not a violation according to my definition of accessibility.

In summary, I have pointed out that there is improvement between inspections on some of the issues, though maybe not enough for your satisfaction, but I am only human. On other issues you need to be more definitive in your written statutes.

Thank you for consideration in these matters.

Sincerely,



John Oplinger, DVM